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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

LEGISLATOR INFORMATION

Name	PETER B. BOWMAN	Member of:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mailing address	16 OLD FERRY LN	District	1
City, zip code	KITTERY, ME 03904	Phone	(207) 439-6481

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER

List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
STATE OF MAINE	STATE HOUSE, AUGUSTA, ME	SENATOR PBB GOVERNANCE

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)

A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.

Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
N/A APPLICABLE/NONE		
Name:		
Address:		
Name:		
Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

NOT APPLICABLE/NONE

Name and Address of Source

Principal Type of Economic Activity of Entity or Person Who is the Source of the Income

Name:

Address:

Name:

Address:

PART 3. MAJOR AREAS OF PRACTICE

(For Legislators who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

Name and Address of Firm

Major Areas of Practice (self)

Major Areas of Practice (firm)

NOT APPLICABLE

Name:

Address:

Name:

Address:

PART 4. OTHER SOURCES OF INCOMEList each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.☐ None

Name and Address of Source

Kind of Income (investments, leases, etc.)

Name: **DFAS**Address: **Cleveland, OH****Retired military pension.**Name: **Gould Electronics, Inc (via an annuity administrator)**Address: **Cleveland, OH****Retired private sector pension.****(continued)****PART 5. REPORTABLE LIABILITIES**List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.☒ None

Name and Address of Creditor

Principal Type of Economic Activity of Creditor

Name:

Address:

Name:

Address:

PART 6. REPORTABLE GIFTS

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none, check the box.

☒ None

Name of Source of Gift

Name of Source of Gift

1.

3.

2.

4.

PART 7. REPORTABLE HONORARIA

List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.

☒ None

Name of Source of Honoraria

Name of Source of Honoraria

1.

3.

2.

4.

PART 8. REPRESENTATION BEFORE STATE AGENCIES

List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.

☒ None

Name of Agency

Name of Agency

1.

3.

2.

4.

PART 9. BUSINESS WITH STATE AGENCIES

List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.

☒ None

Name of Agency

Name of Agency

1.

3.

2.

4.

PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.

NONE

Type of Economic Activity Representing Source of Income Received

Circle
appropriate
letter

Kind of Income

1.

S

D

2.

S

D

3.

S

D

4.

S

D

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Signature

Date

01/22/08

NAME:

PETER B. BOWMAN

DATE:

01/22/08

ADDRESS:

16 OLD FERRY LN, KITTERY, ME 03904

ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section
Number

4

Ferroz Shawmut Inc.
St. Mary's, PASocial Security Admin.
Washington, DC.Retired private
sector pensionSocial security
pension.